



Iowa Department of Human Services

2016 Provider Quality Management Self- Assessment

October 2016

2016 Self-Assessment

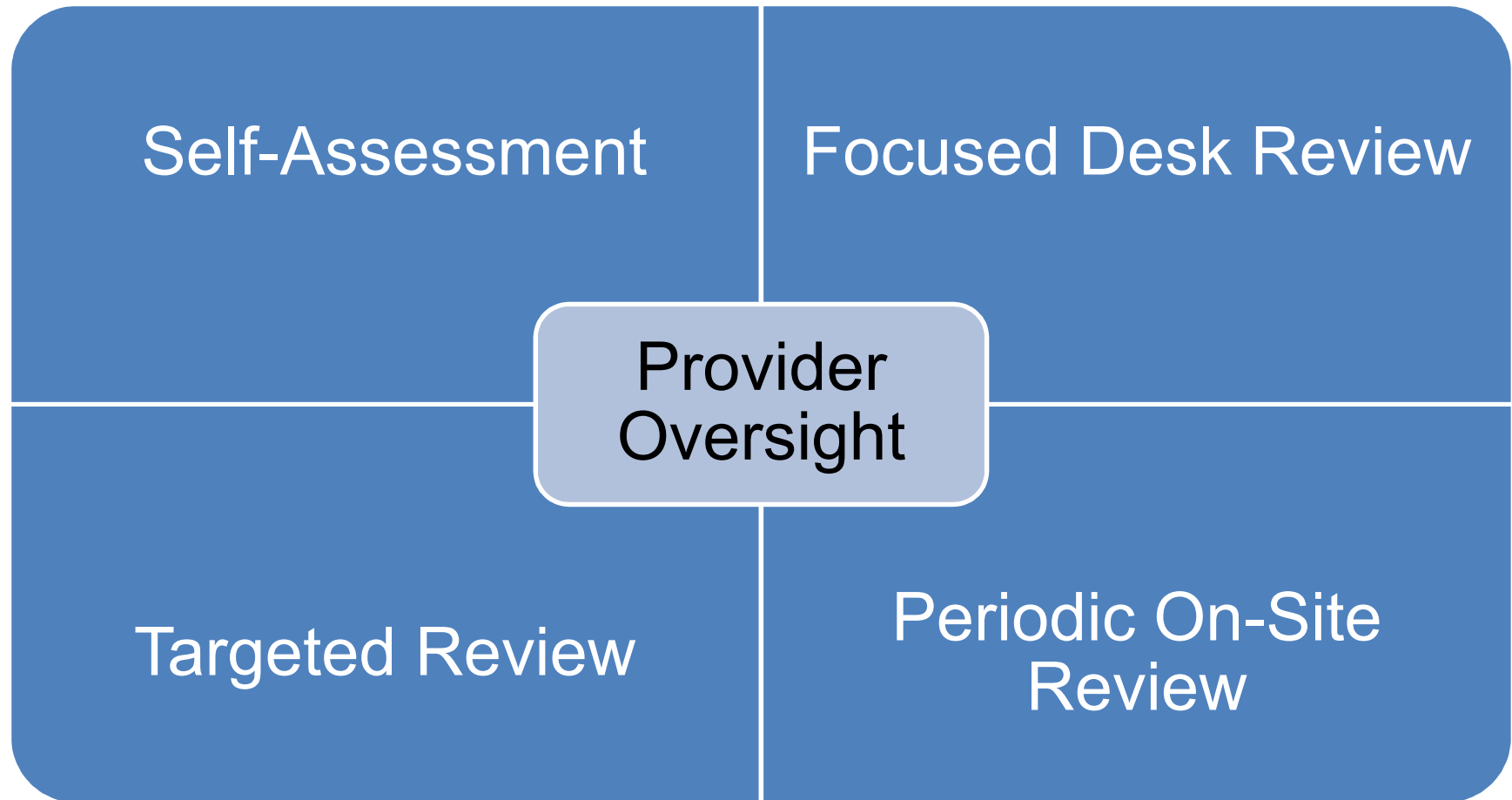
- The annual HCBS Self-Assessment process is currently underway with submission to occur by December 1, 2016 as instructed on the HCBS 2016 Provider Quality Management Self-Assessment Form 470-4547.
- The submission of the self-assessment and participation in IME HCBS quality oversight activities is required for certain provider types to maintain enrollment as an Iowa Medicaid provider.
- A provider who fails to maintain enrollment with Iowa Medicaid will also lose enrollment with any contracted managed care companies.



Objectives

- Overview of the Home and Community Based Services (HCBS) Provider Quality Oversight process
- Familiarize providers with updates to the 2016 Self-Assessment
- Identify and address frequently asked questions
- Provide resources for technical support

Four Methods of Provider Oversight



Focused Review

- The purpose is to verify the provision of quality service delivery.
- Providers are randomly selected to represent a variety of services, provider types and geographical areas or if issues are identified through other quality improvement activities.
- Focused Review Topics change annually.
- Outcome could result in commendations, recommendations, corrective actions or an on-site review.

Targeted Review

- Can be conducted as needed, either announced or unannounced. May consist of a desk review or may be completed on site.
- Initiated as a result of concerns arising from other quality oversight activities including other types of reviews, incident reports, complaints, member surveys, or referral from other units within IME.
- Outcome could result in commendations, recommendations, corrective actions, or sanctions

Periodic/Certification On-Site Reviews

- Considered a “full” review.
- Evaluates evidence to support quality service delivery by examining evidence of compliance with the Code of Federal Regulations (CFR), Iowa Code, and Iowa Administrative Code (IAC) standards.
- Periodic review occurs on 5-year cycle, certification reviews are combined with periodic review when possible.
- Outcome could result in commendations, recommendations, corrective actions or sanctions.

Self-Assessment

- Annual self-reporting tool on standards for service delivery for identified HCBS Medicaid providers.
 - Covered services are identified in Section B of the self-assessment
- Providers are expected to self-report on CFR, Iowa Code, and IAC requirements for specific services and implementation of best practice recommendations and develop corrective action plans as needed.



Self-Assessment (continued)

- Part of demonstrating your on-going internal quality improvement process.
- Opportunity to self-govern and assess outcome of future reviews.

Due Date

- By December 1, 2016
- **Incomplete self-assessments will not be accepted.**
 - A completed self-assessment will need to be resubmitted by the provider by December 1, 2016.
- **Failure to submit the required 2016 Quality Management Self-Assessment by December 1, 2016 will jeopardize your agency's Medicaid enrollment.**

New for 2016

- Formatting
 - Fillable PDF document, submitted via email
 - Allows for electronic signatures
- Removed what was previously Section C regarding office and site locations
 - New form for collecting all office and service locations to further analyze Iowa's HCBS service settings
- Expanded response options regarding HCBS settings
 - Allows for service-specific responses

The 2016 Self-Assessment

• <http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>

- Save form to your computer
- Complete electronically
- Read instructions carefully
- Submit through email



Home- and Community-Based Services (HCBS) 2016 Provider Quality Management Self-Assessment

This form is required for entities enrolled to provide services in Section B under the following waivers/programs:

- Health and Disability Waiver
- Elderly Waiver
- Brain Injury Waiver (BI)
- AIDS/HIV Waiver
- Children's Mental Health Waiver (CMH)
- Physical Disability Waiver (PD)
- Intellectual Disability Waiver (ID)
- HCBS Habilitation Services (Hab)

Each provider is required to submit one, five-section self-assessment by **December 1, 2016**. Incomplete self-assessments will not be accepted. This form is set up as a fillable pdf to be completed and submitted via email using the "submit" button located at the end of the form. For assistance, visit the [Provider Quality Management Self-Assessment](#)¹ webpage.

Section A. Identify the agency submitting this form.

Section B. Identify the programs and services your agency is enrolled to provide. If you are uncertain which services you are enrolled for, contact Iowa Medicaid Enterprise (IME) Provider Services at 800-338-7909, option 2 or imeproviderservices@dhs.state.ia.us.

Section C. Select the response option from the "Response Option" column that indicates the most accurate response for each item. If required areas are incomplete, the self-assessment will be returned to the agency and must be resubmitted.

Section D. Please complete and sign as directed.

Section E. Please fill out the information as requested.

Questions should be directed to the HCBS Specialist assigned to the county where the parent agency is located. For a complete list of HCBS Quality Oversight Unit contacts and a list of HCBS Specialists by region, please go to the DHS webpage [HCBS Waiver Provider Contacts](#)²

¹ <http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>

² <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts>

Section A. Agency Identification

Please identify your agency by providing the following information. Please type using the text entry fields below.

Employer ID number (EIN) (9-digits):					
Agency name (as registered to EIN indicated above):					
Administrator/CEO:			Title:		
Mailing address:			Agency address:		
City:	State:	Zip:	City:	State:	Zip:
County:			County:		
Name of person responsible for agency quality improvement activities:				Phone number:	
				Ext:	
Title of person responsible for agency quality improvement activities:				Fax number:	
Quality coordinator's email address:			Administrator's email address:		
Agency website address:					

Section A – Provider Identification (continued)

- Demographic Information
- EIN = employer ID# or taxpayer ID#
- Legal name, if different from name you are doing business as(DBA)
- Correct email addresses
- If you have had a change in legal name or address, complete form 470-4608 on <http://dhs.iowa.gov/ime/providers/forms>

Section B. Service Enrollment

Indicate each of the programs and corresponding services your agency is enrolled to provide (regardless of whether or not these services are currently being provided). If your agency is not enrolled for any of the services in this section, you are not required to submit the *2016 Provider Quality Management Self-Assessment*. If you are uncertain as to the services your agency is enrolled for, please contact the IME Provider Services as explained on page one.

Program	AIDS/HIV Waiver	BI Waiver	CMH Waiver
Services	<input type="checkbox"/> Adult day services <input type="checkbox"/> Agency Consumer-Directed Attendant Care (CDAC) <input type="checkbox"/> Counseling <input type="checkbox"/> Respite	<input type="checkbox"/> Adult day services <input type="checkbox"/> Behavior programming <input type="checkbox"/> Agency Consumer-Directed Attendant Care (CDAC) <input type="checkbox"/> Family counseling and training <input type="checkbox"/> Interim Medical Monitoring and Treatment (IMMT) <input type="checkbox"/> Prevocational services <input type="checkbox"/> Respite <input type="checkbox"/> Supported Community Living (SCL) <input type="checkbox"/> Supported Employment (SE)	<input type="checkbox"/> Family and community support services <input type="checkbox"/> In-home family therapy <input type="checkbox"/> Respite



Section B – Service Enrollment (continued)

- Select ALL services you are enrolled for.
- You may be enrolled for additional HCBS services not listed in Section B. These services are not part of the self-assessment or HCBS quality oversight process.
- Self-Assessment responses will be based on the policies and procedures the agency utilizes for the services indicated in Section B.



HCBS Settings Data Collection

New for 2016

- **Following submission of the completed self-assessment form, your agency will be provided with an electronic form to submit location information regarding all office and service settings.**

Section C – State and Federal Standards

1. Providers are required to establish and maintain fiscal accountability IAC Chapters 78 and 79	
At a minimum, all providers will maintain evidence of:	Response Options:
1. The current rate setting system (for example, D-4s, fee schedules, County Rate Information System report)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Documentation to support planning and tracking the use of member support dollars that are incorporated into the rate for SCL, RBSCL, home-based habilitation, and family and community support services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. The maintenance of fiscal and clinical records for a minimum of five years	<input type="checkbox"/> Yes <input type="checkbox"/> No
If indicating "No," describe plan to meet the standard(s) or other reason that you are not required to meet the standard(s):	
If indicating "NA," you must describe why the standard(s) are not applicable to your agency:	

Section C– State and Federal Standards (continued)

- You must select a response for each standard. Any self-assessments with unanswered standards or comments will be returned and considered not complete.
 - If indicating “Yes”, it means you have a policy and/or evidence in place as required. It is not necessary to explain your response.
 - If indicating “No”, you must describe a corrective action plan (CAP) to meet the standards
 - If indicating “NA”, you must describe why the standard(s) are not applicable to your facility.

Section C– II. Training Requirements New for 2016

- Providers of prevocational and supported employment services have additional training requirements as a result of Chapter 77 rule revisions in May 2016.
 - Informational Letter 1665 provides additional information on direct support staff training requirements for these services
- Select a response to identify if your agency is currently meeting the identified training requirements. If “No”, describe the agency’s plan to meet standards.



Section C - III.

Requirement B. HCBS settings

- 42 CFR 441-310 (c)(4) and 42 CFR 441-710
- Applies to HCBS services covered by the self-assessment.
 - Responses for respite are not required due to the nature of the service
- Respond to standards “a.” through “n.” for each service the agency is enrolled
- **If a service you are enrolled for is not listed under a specific standard, you are not required to provide a response to that standard for that service.**

Requirement B. HCBS settings required for all providers At a minimum, there will be evidence of:	Response Options:
1. Community integration supported by:	
a. The setting is integrated in, and facilitates the member's full access to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, like members without disabilities	
Adult Day Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Agency Consumer-Directed Attendant Care (CDAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Assisted Living Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Behavior Programming	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Day Habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Family Counseling and Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Family and Community Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In-home Family Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interim Medical Monitoring and Treatment (IMMT)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mental Health Outreach	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Prevocational Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Residential-Based Supported Community Living	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Supported Community Living (SCL)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Supported Employment (SE)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Habilitation Services	
Day Habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Home-based Habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Prevocational Habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Supported Employment Habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If indicating "No," describe plan to meet the standard(s) or other reason that you are not required to meet the standard(s):	
If indicating "NA," you must describe why the standard(s) are not applicable to your agency:	

Requirement B. HCBS settings (cont.)

- Standards a-f include
 - All HCBS services
- Standards g, h, l, m, n include HCBS services that are
 - Provider-owned, provider-controlled*
 - Residential settings
- Standards i, j, k include HCBS services that are
 - Provider-owned, provider-controlled *
 - Non-residential settings

* The definition of a provider-owned and controlled setting is included within Section C – III. Requirement B.

Requirement B. HCBS settings (cont.)

<p>Requirement B. "g." through "n." applies to services in provider-owned or controlled settings. As indicated in the approved statewide transition plan (STP), services are provider-owned or provider-controlled if the following conditions are present:</p> <p>If the HCBS provider leases from a third party or owns the property, this would be considered provider-owned or controlled. If the provider does not lease or own the property, but has a direct or indirect financial relationship with the property owner, it would be presumed that the setting was provider-controlled unless the property owner or provider establishes that the nature of the relationship did not affect either the care provided or the financial conditions applicable to tenants. If the member leases directly from the third party that has no direct or indirect financial relationship with the provider, the property is not considered provider-owned or controlled.</p>	<p>Response Options:</p>
<p>g. In provider-owned or provider-controlled setting, each member has privacy in their sleeping or living unit</p>	
<p>Agency Consumer-Directed Attendant Care (CDAC)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Assisted Living Service</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Residential-Based Supported Community Living</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Supported Community Living (SCL)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Habilitation Services</p>	
<p>Home-based Habilitation</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

Requirement B. HCBS settings (cont.)

- A response of “Yes” indicates that the provider can demonstrate evidence of compliance through various agency policies or procedures
 - Evidence may include member service plans, service contracts, lease agreements, member assessments, activity calendars, service documentation
- A written policy on HCBS settings and integration is not currently required, but recommended
- Additional resources can be found at the HCBS Settings Transition webpage

Section E – Guarantee of Accuracy

as initiated by random sampling or as a result of a complaint. **NOTICE: Any person that submits a false statement, response, or representation, or any false, incomplete**

Start and end date that provider's most recent accreditation is valid. (i.e. 5/15/2010 to 5/31/2013)

Indicate which accreditation, licensure or certification held, including those which HCBS. Include dates of accreditation/licensure/certification for each selection chosen (MM/YY begin – MM/YY end):

<input type="checkbox"/> Council on Accreditation	<input type="checkbox"/> Department of Inspections and Appeals
<input type="checkbox"/> CARF International	<input type="checkbox"/> The Joint Commission (TJC)
<input type="checkbox"/> Iowa Department of Public Health	<input type="checkbox"/> Chapter 24
<input type="checkbox"/> HCBS Certification	<input type="checkbox"/> Other:
<input type="checkbox"/> The Council on Quality and Leadership (CQL)	

Is your organization in good standing with the accreditation/licensing/certifying organization? ☐ Yes ☐ No

If your organization received less than a three year accreditation/certification, the review results and corrective action plan must accompany the completed 2016 HCBS Provider Quality Management Self-Assessment.

Is this organization in good standing with the Iowa Secretary of State's Office? ☐ Yes ☐ No

Does your organization attest to being compliant with HCBS Settings Rule 42 CFR 441.301(c)(4) and 42 CFR 441.710(a), or have a plan to come into compliance with this rule prior to March 17, 2019? ☐ Yes ☐ No

If your organization is not currently fully in compliance with CMS requirements for provider-owned and provider-controlled settings, your organization must submit your plan to become compliant with HCBS Settings Rule 42 CFR 441.301(c)(4) and 42 CFR 441.710(a).

Answer "yes" if are registered with the Secretary of State and you are currently in good standing <http://sos.iowa.gov/>

If "No", corrective action plan must be included

Provider's answer "Yes" if they received the highest level of accreditation available. Answer "No" if they received anything less than highest level and corrective action was required. If answering no, they also send copy of report and CAP.

Section E – Guarantee of Accuracy (continued)

- Accreditation/Licensing/Certification needed to provide enrolled HCBS services
 - Include start and end dates of accreditation/licensure/certification
- Signatures
 - May be signed digitally
 - Self-Assessments without signatures will be returned
 - Factor in time to obtain signatures
 - Indicate if your agency does not have a board of directors

Timeliness

- Due by December 1, 2016
- Implementation of corrective action to address current CFR, Iowa Code, and IAC standards must be completed within 30 days of the date in Section E.
- For any areas relating to HCBS settings per 42 CFR 441.301(c)(4) and 42 CFR 441.710, corrective action must identify how providers will come into compliance on or before March 17, 2019.
- **Failure to submit the required 2016 Quality Management Self-Assessment will jeopardize your agency's Medicaid enrollment.**

Self-Assessment Submission

New for 2016

- Self-Assessment will be submitted electronically via email attachment as one complete document
 - Use “Submit” button at the end of the document
- Include supporting documentation from accreditation, only if needed (See Section E – Guarantee of Accuracy)
 - Should attach accreditation reports to the same email as the self-assessment to prevent separation or loss of documents

Self-Assessment Submission New for 2016 (cont.)

Personal and Home Care Aides

Often called direct support professionals, personal care aides implement a behavior plan, teach skills, and provide a range of other personal care services in members' homes, residential facilities, or in other non-medical settings.

Number of personal and home care aides

Home Health Aides

Home health aides typically work under the supervision of a medical professional in members' homes, residential facilities, or in day programs. They assist with bathing, dressing, and grooming, and check pulse rate, temperature, and blood pressure.

Number of home health aides

Nursing Aides

Most nursing aides have received certification as a Certified Nursing Aide. They provide hands-on care and nursing care services in members' homes and nursing care facilities, although some may also work in other settings. Nursing aides often help members with activities of daily living, respiration, or blood pressure, as well as emotional conditions.

Number of nursing aides (including contract employees)

Send Email

Send Using

☒ Default email application (Microsoft Outlook)

☐ Use Webmail

Select


☐ Remember my choice

Continue

Cancel

SUBMIT

Self-Assessment Submission New for 2016 (cont.)




The screenshot shows an email client interface. On the left, there is a 'Send' button with an envelope icon. To the right of the 'Send' button are two buttons: 'To...' and 'Cc...'. The 'To...' button is active, and its text 'dhs, hcbs qi' is displayed in the field to its right. Below the 'To...' and 'Cc...' buttons is the 'Subject:' field, which contains the text 'Form Returned: 470-4547 (3).pdf'. Below the 'Subject:' field is the 'Attached:' field, which contains a PDF icon and the text '470-4547 (3).pdf (973 KB)'. Below the email header fields is the main body of the email, which contains the text 'Form Returned: 470-4547 (3).pdf' and 'The attached file is the filled-out form. Please open it to review the data.'

Send

To... dhs, hcbs qi

Cc...

Subject: Form Returned: 470-4547 (3).pdf

Attached:  470-4547 (3).pdf (973 KB)

Form Returned: 470-4547 (3).pdf

The attached file is the filled-out form. Please open it to review the data.



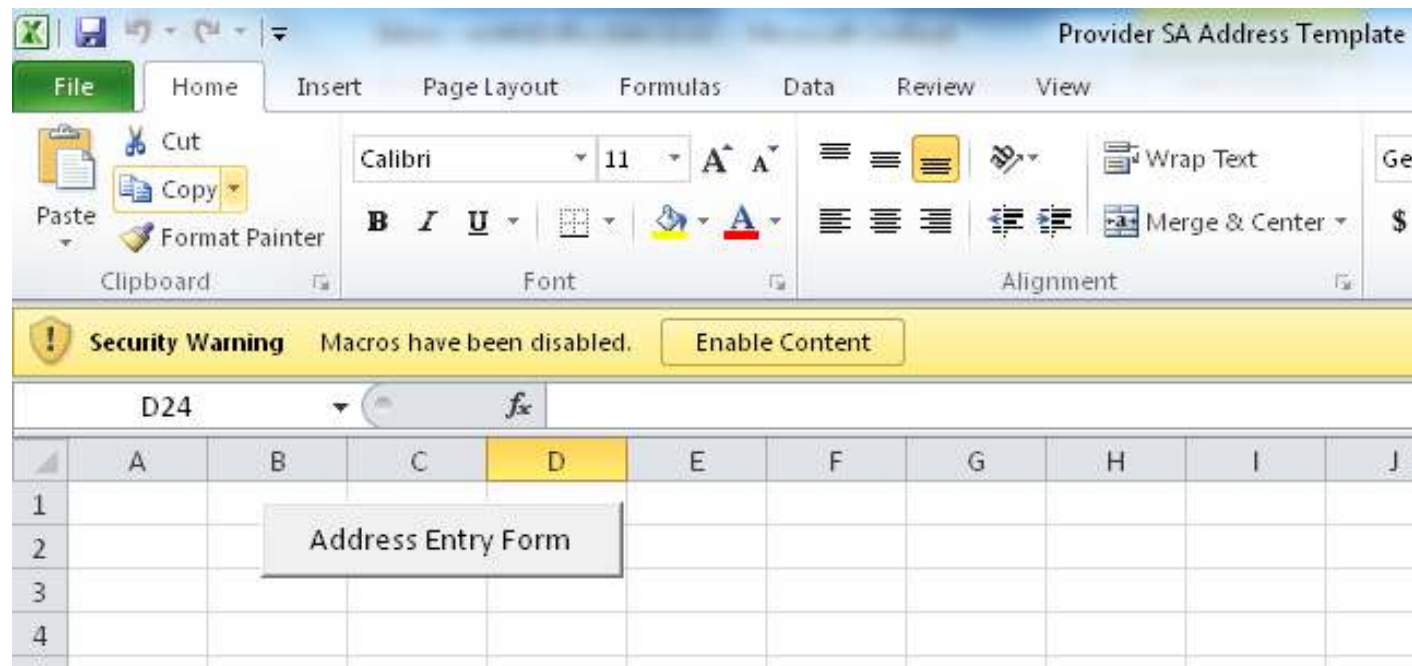
Settings Data Collection New for 2016

- As indicated in the department's statewide transition plan to the Centers for Medicare and Medicaid Services (CMS), information on HCBS service setting sites will continue to be collected and analyzed.
- Upon receipt of the completed 2016 self-assessment, the regional HCBS specialist will email the provider an electronic form and instructions for submission

Settings Data Collection

New for 2016 (cont.)

- The form is a Microsoft Excel file
 - Select “Enable content” if a yellow bar comes up at the top



Settings Data Collection

New for 2016 (cont.)

The screenshot displays a Microsoft Excel spreadsheet titled "Provider SA Address Template (Autosaved) (3) [Read-Only] - Microsoft Excel". The spreadsheet has columns A through E and rows 1 through 25. A tab labeled "Address Entry Form" is active. A dialog box titled "Site Addresses" is overlaid on the spreadsheet. The dialog box contains the following fields:

- Type of Location:
- NPI:
- Agency Name:
- Contact Person:
- Site Address:
- City:
- State: Zip Code:

Below these fields are two sections:

- Office Location**
 - Office Hours
 - Monday:
 - Tuesday:
 - Wednesday:
 - Thursday:
 - Friday:
 - Saturday:
 - Sunday:
- Service Location**
 - Location Name:
 - Type of Service Location:
 - Type of Residence:
 - Is the location provider controlled or owned?:
 - Number of members who receive waiver services in location:
 - For residential sites with five or more members, is the site licensed by the Department of Inspections and Appeals or otherwise approved by the IME?
 - ☐ Yes
 - ☐ No
 - ☐ NA

At the bottom of the dialog box are three buttons: "Submit Location", "Clear", and "Exit".

Settings Data Collection

New for 2016 (cont.)

- Pop-up window will automatically open with the form to enter data
 - The Excel spreadsheet remains open in the background and information submitted in the form will populate to the appropriate tab “Office locations” or “Service locations”
 - If the Address Entry Form is closed using the red “X”, it can be opened again by navigating to the tab “Address Entry Form” and clicking the button with the same title. Continue entering data on the form where you left off.

Settings Data Collection

New for 2016 (cont.)

Type of Location: Office

The screenshot shows the 'Site Addresses' form with the 'Type of Location' dropdown set to 'Office'. The form includes fields for NPI, Agency Name, Contact Person, Site Address, City, State (pre-filled with 'IA'), and Zip Code. Below these fields is a section titled 'Office Location' containing 'Office Hours' with a table for days of the week (Monday through Sunday) and corresponding time slots. At the bottom are 'Submit Location', 'Clear', and 'Exit' buttons.

Office Hours	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Type of Location: Service

The screenshot shows the 'Site Addresses' form with the 'Type of Location' dropdown set to 'Service'. The form includes fields for NPI, Agency Name, Contact Person, Site Address, City, State (pre-filled with 'IA'), and Zip Code. Below these fields is a section titled 'Service Location' containing 'Location Name', 'Type of Service Location' (dropdown, pre-filled with 'Residential (home/apartment)'), 'Type of Residence' (dropdown), 'Is the location provider controlled or owned?' (dropdown, pre-filled with 'Yes'), and 'Number of members who receive waiver services in location'. A note states: 'For residential sites with five or more members, is the site licensed by the Department of Inspections and Appeals or otherwise approved by the IHC'. Below the note are radio buttons for 'Yes', 'No', and 'NA'. At the bottom are 'Submit Location', 'Clear', and 'Exit' buttons.

Settings Data Collection

New for 2016 (cont.)

- **Submit all office locations and service provision sites for services identified in Section B, not including respite**
 - Including member addresses if services are provided in the member home's
 - Submission of the self-assessment will not be considered complete until this component is received
- **Information on service sites and addresses will NOT be accepted prior to the HCBS specialist requesting it and should be submitted via the approved form only**

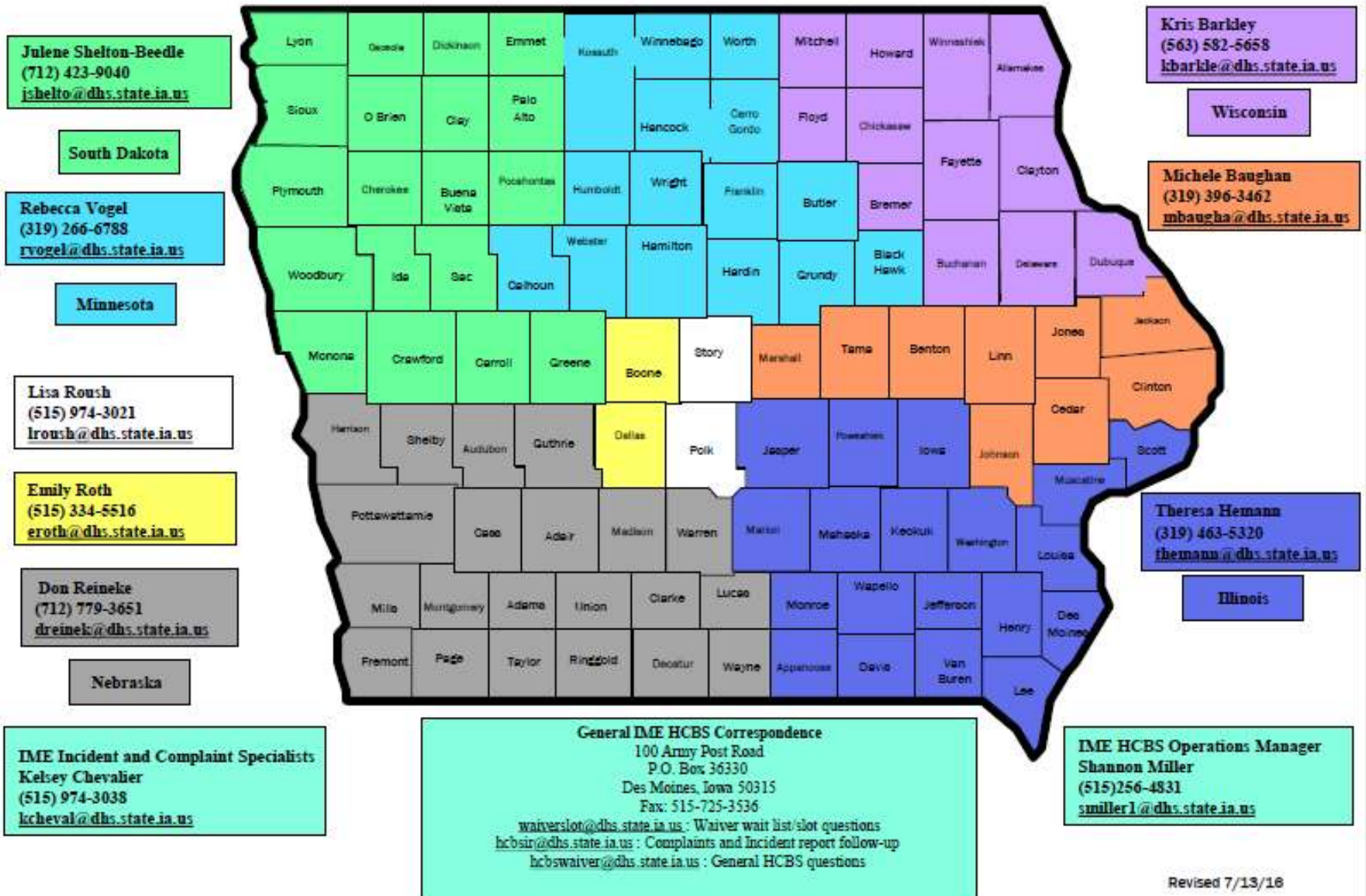
What to expect following submission

- Save settings data collection form and email as an attachment to your HCBS specialist by December 1, 2016
- Providers will receive written letter of acceptance by IME
- Incomplete submission
 - If areas of the self-assessment are incomplete or corrective action was not identified, the provider will be notified and the self-assessment must be resubmitted
 - The December 1, 2016 due date still remains

HCBS Support

- Where to find more information/support
 - Website
 - <http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>
 - Frequently Asked Questions (FAQs)
 - Self-Assessment Training Slides
 - Link to regional specialist map
 - Archived Self-Assessment resources
 - Informational Letter No.1729

IME HCBS SPECIALIST OVERSIGHT REGIONS



Additional Resources

- Centers For Medicare and Medicaid Services
<http://www.cms.gov/>
- Iowa Code and Iowa Administrative Code (IAC):
<http://search.legis.state.ia.us/nxt/gateway.dll/ic?f=templates&fn=default.htm>
- HCBS Settings Transition
<http://dhs.iowa.gov/ime/about/initiatives/HCBS>

Additional Resources (cont.)

- Informational Letter sign-up on IMPA homepage:
<https://secureapp.dhs.state.ia.us/impas>
- Archived Informational Letters
<http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>
- Provider Services:
<http://dhs.iowa.gov/ime/providers>
imeproviderservices@dhs.state.ia.us
1-800-338-7909 (toll free) or 515-256-4609 (Des Moines)
Select Option 4

- 
- Send questions to:

hcbsqi@dhs.state.ia.us

Subject: 2016 Self-Assessment